		NANCE REPORTEES OF WISCO		SIN		
Is This Report an Amendment:	x	No				
Instructions for completing schedules are on the ba	ick of	each schedule.				
COMMITTEE IDENTIFICATION						
Name of Committee			_			
Friends of Grant F. Langley Street Address					OF	FICE USE ONLY
P.O. Box 444						
City, State and Zip Code Menomonee Falls, WI 53052-0444		-				
Please check if address is different than previously reported, a	and com	plete the Campaign F	Regis	tration S	tatement in th	ie back of this form.
NAME OF REPORT					<u>1</u>	
January Continuing Pre-Primary		Spring	į	☐ Sp	ecial	To minuting Report
July Continuing Rre-Election		Spring	ıl	∏ Sp⁄	ecial	Termination Report also complete Schedule 4
July Continuing						
SUMMARY OF RECEIPTS AND		Column A		Colu		
DISBURSEMENTS	4	This Period		Cale		
1. RECEIPTS	 			Year-T		
1A. Contributions (Including Loans) from Individuals	\$	- 0 -	\$		- 0 -	
1B. Contributions from Committees (Transfers-In)	\$	- 0 -	\$		- 0 -	
1C. Other Income and Commercial Loans	\$	- 0 -	\$		- 0 -	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	- 0 -	\$		- 0 -	
2. DISBURSEMENTS			1			
	\$	300.00	\$		300.00	
2A. Gross Expenditures	\$	- 0 -	\$		- 0 -	
2B. Contributions to Committees (Transfers-Out)				<u></u> .		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	300.00	\$		300.00	1
CASH SUMMARY			1			J
Cash Balance Beginning of Report	\$	3,913.96	-			
Total Receipts	\$	- 0 -	-			
Subtotal	\$	3,913.96				
Total Disbursements	\$	300.00				
CASH BALANCE END OF REPORT	\$	3,613.96				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	- 0 -				
LOANS (Balance at the Close of This Period-3B)	\$	13,000.00	1			
I certify that I have examined this report and to the best			.1 <u>£it</u> is	s true, co	orrect and co	mplete.
		f Candidate or Treasurer	7			/26/12
Robert G. Pyzyk, Treas	()(Lto	1		Daytime F	262-251-5330

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.



RECEIPTS Contributions (Including Loans) From Individuals

Page	of	
raye	O1	

Complete Com	nittee Name			
	of Grant F. Langley			
	r completing schedules are on the back of e Full Name, Mailing Address and Zip Code	ach schedule.	A	0-11
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1				
		!		
		:		
Date	Check if: In-Kind Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place		Calendar
Date	Full Name, Mailing Address and Zip Code	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
/ /				
	Observity Displayed Dispersion	Conduit Name:		
Date	Check if: In-Kind i Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
, ,		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
' '				
		9 1		
	Check if: In-Kind I Loan Conduit	Conduit Name:		
Date	Check if: In-Kind I Loan Conduit Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
, ,		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
		i +		
	Check if: I In-Kind L Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1		1	4	1001 10 0010 10101
Date	Check if: I In-Kind I Loan Conduit Full Name, Mailing Address and Zip Code	Conduit Name: Occupation, Name and Address of Principal Place	Amount	Calendar
	Pun Name, Maning Address and Zip Code	Occupation, Name and Address of Finicipal Flace Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
/ /				
				:
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar
1 , ,		Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
	Check if: In-Kind Loan Conduit	Conduit Name:		
Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Vecate Data Total
, ,		Of Employment (if year-to-date total exceeds \$100)	!	Year-to-Date Total
				2000
	Check if: [] In-Kind	Conduit Name:		
	GIID	TOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$	
	306	TOTAL TERRILED GONTRIBOTIONS TINS PAGE		
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
	TOTA	AL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	
	TOTAL CO	ONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ - 0 -	

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Complete Committee Name	
Complete Committee Hame	
Friends of Grant F. Langley	
TELEMENT OF STATE 2. HELE	

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			
			ļ
	Check if: In-Kind Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
Date	Full Name of Committee, Mailing Address and Zip Code	, mount	Year-To-Date Total
/ /			
		1	
Date	Check if: In-Kind i Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			Year-10-Date Total
	Check if: In-Kind L Loan		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			
D.L.	Check if: I In-Kind I Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
Date	Full Marile Of Committee, Maining / Gardos and E.P Gode		Year-To-Date Total
1 1			
	Check if: I In-Kind Loan		
Date	Check if: [] In-Kind Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
. , ,		·	
			•
	Check if: In-Kind Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
Date	Full Name of Committee, Maining Address and Zip 5555		Year-To-Date Total
1 1			
	Check if: 🗔 In-Kind 🗓 Loan		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
, ,			
		1	
	Check if: In-Kind I. Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Year-To-Date Total
/ /			
Date	Check if: In-Kind Loan Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
, ,			Tear-10-Date Total
	Check if: [In-Kind [Loan		
	······································		
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$	
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	s - 0 -	

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

Page	nf.	
490	 о.	

Complete Committee Name

Friends	of	Grant	F.	Langley

Instructions for a	completing schedules	are on the back	of each schedule.
--------------------	----------------------	-----------------	-------------------

Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
, ,	of Source of Income		
· ' ']			
		Į.	
5-4-	Full Name, Mailing Address and Zip Code	Type of Income	Amount
Date	of Source of Income	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 1			
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
1 1	of Source of Income		
, , , , , , , , , , , , , , , , , , ,			
		Turnellacere	Amount
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
, ,	of Source of Income		
	•		
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
	of Source of Income		
1 1			
			Amount
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
, ,	of Source of Income		
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
Date	of Source of Income		
1 / /			
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1 1	of Source of Income		
Date	Full Name, Mailing Address and Zip Code	Type of Income	Amount
	of Source of Income		
/ /			
		7	Amount
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
1 1	of Source of Miconie		
	ĺ		
L		·	
		SUBTOTAL OTHER INCOME THIS PAGE	\$
		SUBTOTAL OTHER INCOME THIS PACE	
		TOTAL ITEMIZED OTHER INCOME	\$
		TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	\$
			- 0 -
		TOTAL OTHER INCOME	\$ -0-

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page	of	
ı aye		

Complete Committee Name
Friends of Grant F. Langley

Instructions for	completing schedules are on the back of each s	schedule.	Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3, 06, 12	Milwaukee Public Market	Facilities Rental	\$300.00
	400 N. Water Street Milwaukee, WI53202		
Data	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made		
1 1			
		·	
	Check if:		
Date	Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
1 1	Of Person or Business to Whom Payment is Made		
	Check if: i In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made		
1 1			
	Check if:		
Date	Full Name, Mailing Address and Zio Code	Specific Purpose of Expenditure	Amount
I = I	Of Person or Business to Whom Payment is Made		
D-4-	Check if: In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made		
1 1			
	Check if: ! In-Kind Offset		A
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1 1	Of Felacified Educations to Time In Contract Con		
		ļ.	
i i	Check if: II In-Kind Offset		
Date	Full Name Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
, ,	Of Person or Business to Whom Payment is Made		
, ,			
	Check if: [1] In-Kind Offset Full Name, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
Date	Of Person or Business to Whom Payment is Made		
1 /		·	
	Check if: In-Kind Offset		
	Chosti III Li		
		SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 300.00
		TOTAL ITEMIZED EXPENDITURES	\$
			
		TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$
		TO THE CONTRACT BY MINE THE STREET	
		TOTAL EXPENDITURES	\$ 300.00

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Complete Comi	willow Norwa		
	s of Grant F. Langley		
	or completing schedules are on the back of each schedule.	<u></u>	
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			Tour-10-Bate Total
Date	Check if: In-Kind L Loan Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			Year-10-Date Total
Date	Check if: In-Kind I Loan Full Name, Mailing Address and Zip Code	Amount	Calendar
/ /			Year-To-Date Total
Date	Check if: In-Kind L Loan Full Name, Mailing Address and Zip Code	Amount	Calendar
/ /	Tall Name, Maining / Labora and Superior		Year-To-Date Total
	Check if: In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar
Date / /	Full Name, Mailing Address and Zip 5555		Year-To-Date Total
, ,			
	Check if: Li In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar
Date / /	Full Name, Mailing Address and Zip Code	,	Year-To-Date Total
, ,			
	Check if: i In-Kind i Loan Full Name, Mailing Address and Zip Code	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	Amount	Year-To-Date Total
/ /			
	Check if:	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	Amount	Year-To-Date Total
/ /			
	Check if: In-Kind [] Loan Full Name, Mailing Address and Zip Code	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	Amount	Year-To-Date Total
/ /			
	Check if: In-Kind I Loan	Amount	Calendar
Date	Full Name, Mailing Address and Zip Code	Amount	Year-To-Date Total
/ /			
	Check if: i In-Kind Loan		
			ı

SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE \$

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES \$

- 0 -

SCHEDULE 3-A

ADDITIONAL DISCLOSURE Incurred Obligations Excluding Loans

Complete Committee Name	<u> </u>	
Friends of Grant F. Langley	,	
Instructions for completing schedules are on the back of ea	ch schedule.	
	Outstanding	

-		Outstanding Balance Beginning This Period	New Obligations or . Additions This Period	Cumulativ This	ve Payments Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor					
, ,		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)		<u> </u>		
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
	Full Name, Mailing Address and Zip Code of Creditor		· · · · · · · · · · · · · · · · · · ·	T		
Date / /	Full Name, Maining Addioso and Elp Soute of Street	A.	į.			
, ,		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
, ,		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ /		Nature of Debt (Purpose)				<u> </u>
		SUBTOTAL ITEMIZ	ED OBLIGATIONS TH	IS PAGE	\$	
	TOTAL ITEMIZED OBLIGATIONS			\$		
	TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS			OR LESS	\$	
	TOTAL INCURRED OBLIGATIONS			\$ -	- 0 -	

SCHEDULE 3-B

ADDITIONAL DISCLOSURE

Loans

Individual, Committee or Commercial

Page	of	
ı agc		

TOTAL OUTSTANDING LOANS \$ 13,000.00

Complete Committee Name
Friends of Grant F. Langley

Instructions fo	r completing schedules are on the back of each schedul	e.				0.44
	Full Name, Mailing Address and Zip Code of Loan Source	. 1	Outstanding Balance Beginning	New Lease This	Cumulative Payments	Outstanding Balance
	Grant F. Langley		of This Period	New Loans This Period	This Period	End of This Period
Date	12208 W. Douglas Avenue			1 01104		
7,1,09	Milwaukee, Wisconsin		\$13,000.00	- 0 -	- 0 -	\$13,000.00
List All Endorse	rs or Guarantors (if any)					
None		Occupation				
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation				
or Guarante		Name and	Address of Employer			
		Name and Nadioss of Employer				
		Amount Guaranteed Outstanding				
		\$				
	ling Address and Zip Code	Occupation	l			
of Guarantor		Name and	Address of Employer			
		Ivallie allu	Address of Employer			
		Amount Gu	aranteed Outstanding			
		\$	•			
	Full Name, Mailing Address and Zip Code of Loan Source	1 +	Outstanding		Cumulative	Outstanding
			Balance Beginning of This Period	New Loans This Period	Payments This Period	Balance End of This Period
Date			Of This Period	Toriou	11101 01100	Line of this total
1 1						
List All Endorse	ers or Guarantors (if any)					
	iling Address and Zip Code	Occupation	1			
of Guarantor						
	•	Name and Address of Employer				
		Amount Gu	uaranteed Outstanding			
		 				
Full Name, Ma	iling Address and Zip Code	Occupation	1			
of Guarantor						
		Name and Address of Employer				
		Amount Guaranteed Outstanding				
		\$				
	Full Name, Mailing Address and Zip Code of Loan Source		Outstanding	N	Cumulative	Outstanding Balance
			Balance Beginning of This Period	New Loans This Period	Payments This Period	End of This Period
Date						
, ,						
List All Endors	ers or Guarantors (if any)			<u> </u>	1	- J
	iling Address and Zip Code	Occupation				
of Guarantor Name and Address of Employer Amount Guaranteed Outstanding			Name and Address of Employer			
			Halife and Addition of Employer			
\$						
Full Name, Mailing Address and Zip Code Occupation						
of Guarantor Name and Address of Employer						
						,
			Amount Guaranteed Outstanding			
		\$				T
			OUDTOTAL C	NUTOTANDINO I O	NO THE DACE	£ 13 000 00